An Overview of the Collaborative Case Management Project and Practice Support Process

The Project

The purpose of the CCM Project was to improve referral and collaboration processes used by Alberta Health Services Home Living Case Managers (HLCM) and community-based Seniors Outreach/Support Workers (SOSW) to meet the needs of seniors (60+) living in the community.

The project was carried out in three phases between January 2015 and September 2016:

- ***Phase 1:*** Reviewed current referral and collaborative practices among HLCM and SOSW to identify opportunities for enhancement.
- ***Phase 2:*** Developed a simple practice support process and tools.
- ***Phase 3:*** Tested and evaluated the proposed CCM practice support process.

The Context

- More than one in four seniors in Edmonton live alone and fall into a low income bracket. Most of these individuals are "at-risk" for poor health and loss of independence.
- Many seniors face challenges finding personal care services, appropriate housing, transportation, social interaction and other services that enable them to maintain health, independence and quality of life.
- In Edmonton, seniors can access a range of services and supports through seniors outreach/support programs offered by community-based senior serving agencies.
- Eligible seniors can also receive health-related professional services and help with activities of daily living through Alberta Health Services Home Living.

The Challenge

- Few HLCM are aware of SOSW or the services they provide.
- HLCM have little time to learn about community resources and are reluctant to adopt new practices that might add to their workload.
- SOSW are aware of HLCM and know some of the services they provide, but most have had little direct contact with a HLCM, even when they are both serving the same client.

The Innovation

Collaborative Case Management (CCM) is a practice support process in which HLCM and SOSW work together to meet the needs of vulnerable seniors who live in the community.

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The CCM Practice Support Process

1. A new or existing client presents as someone who would benefit from collaboration between a HLCM and SOSW.
2. The initiating HLCM or SOSW ("initiator") uses the practice support tools to determine if referral/collaboration is appropriate.
3. The initiator contacts a collaborator and engages in a case conference (often just the initial phone call), tracking any contacts in case notes or on the CCM Contact Sheet.
4. The collaborators determine what information to share and how much ongoing communication is needed.

The Tools

- Home Living Case Manager Decision Tree – A training tool that outlines the basic decision-making process that a HLCM might use to refer a client to a SOSW.
- Quick Reference: Seniors Outreach/Support Workers – A brief description of the role of SOSW, the services they provide and how to contact.
- Quick Reference: Home Living Case Managers – A brief description of the role of HLCM, the services they provide and how to contact.
- Client Information Sheet – A one-page sheet for seniors that explains the role of the SOSW, and specifies when to call the SOSW and when to call the HLCM.
- CCM Contact Sheet – A tool for SOSW and HLCM who want to maintain a simple record of contacts and ongoing collaboration.

Evaluation

- Practice support tools were reviewed by HLCM, SOSW and other stakeholders at a workshop on February 4, 2016.
- The CCM process and tools were tested in daily practice by nine HLCM and up to 13 SOSW, between March 7 and July 15, 2016.
- All participants were asked to complete a pre- and post-test questionnaire; 4 HLCM and 6 SOSW were interviewed at the end of the test period.

Results

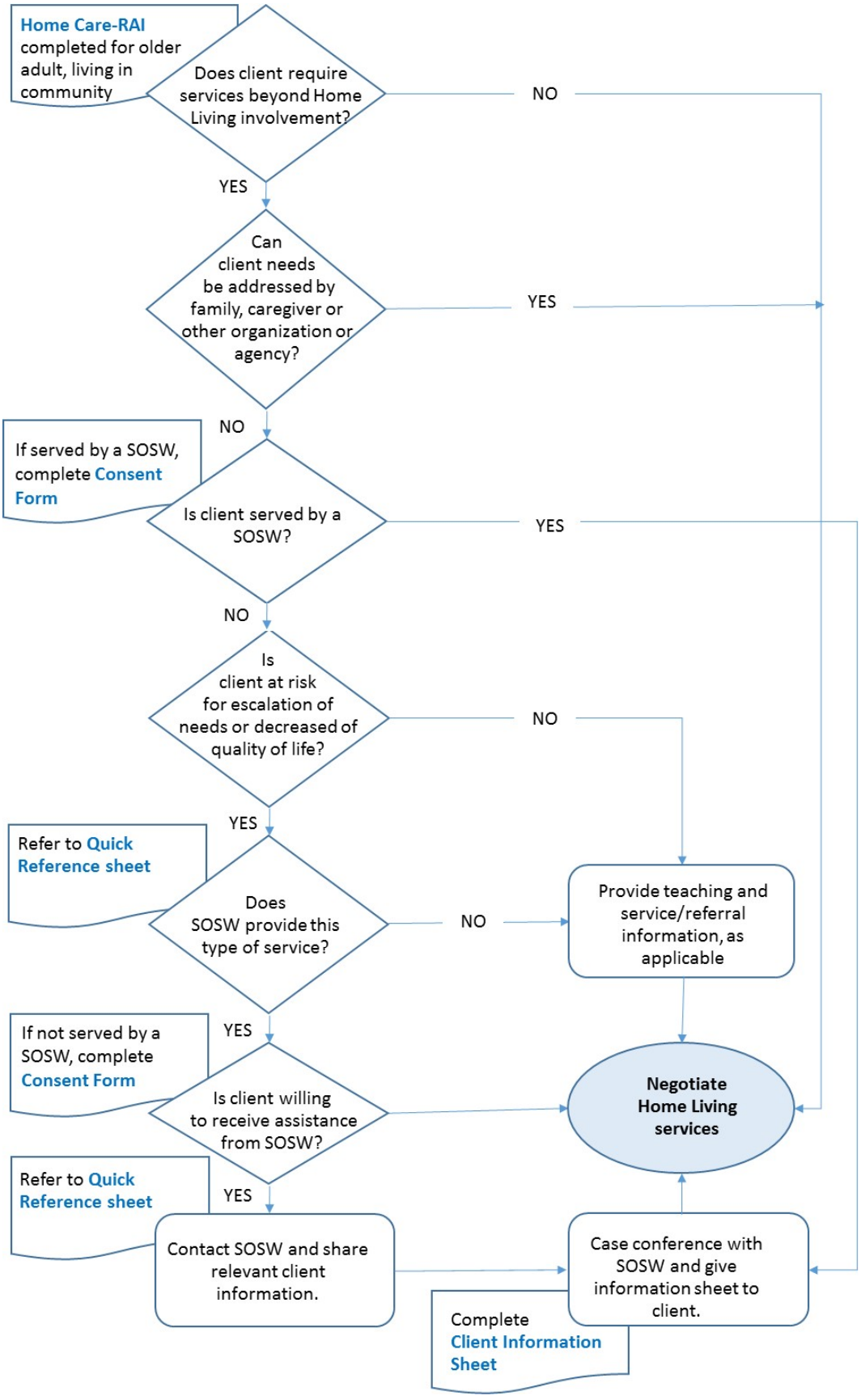
- HLCM are aware of SOSW and both know when and how to refer to each other.
- HLCM and SOSW are confident that they know when to refer and/or collaborate with each other to meet client needs.
- CCM has the potential to reduce gaps and duplication in services, while at the same time providing a more comprehensive continuum of services to seniors.
- Collaboration with SOSW allows HLCM to spend less time on clients' non-health care needs.
- Seniors have increased access to a continuum of services, which contributes to greater confidence and comfort in their ability to live in the community.

Roll-Out

- The CCM practice support process will be rolled-out to all HLCM and SOSW in Edmonton and area beginning in the fall of 2016.

HLCM Decision Tree: Referral to a Seniors Outreach/Support Worker

Collaborative Case Management



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September 2016

Quick Reference: **Home Living Case Managers (HLCM)**

What is a Home Living Case Manager?

A Home Living Case Manager is a health professional employed by Alberta Health Services to provide case management services in the AHS Home Living program. HLCM are typically registered nurses, occupational therapists or social workers. Their purpose is to promote client independence and to supplement care and supports provided by families and community services.

Who do HLCM serve?

HLCM provide support to Albertans of all ages with a valid health care card. Every HLCM manages an assigned caseload of clients that live in the community. These include clients that live in their own homes or in seniors' buildings, lodges or private supportive living sites. Most clients have long term health care and social support needs.

What services do HLCMs offer?

Home Living provides help with activities of daily living that clients cannot do themselves or cannot get help with from another source. Services are provided in clients' homes or in Home Living Clinics. Based on an assessment of unmet needs, a HLCM works directly with the client and is responsible for:

1. Supporting Self-Care
   - Assessing client/family's ability to develop or maintain independence
   - Identifying client/family's support networks and resources
   - Identifying factors that impact client's independence and functioning
2. Negotiating Service Options
   - Working with the client to maximize strengths and utilize existing support networks and resources
   - Educating or coaching the client/caregiver
   - Exploring the use of aids/equipment
   - Identifying barriers to independence
   - Planning to prevent crisis
3. Delivering Service
   - Providing ongoing case management
   - Facilitating access to professional health care services
   - Authorizing the delivery of hands on, personal care, e.g. bath assistance, medication assistance

Home Living <u>might</u> be able to help if your client needs professional support and/or **support for activities of daily living**. A HLCM will explore all available options within the Home Living Portfolio. Services might be provided by a geriatric consult team, nurse practitioner, physical therapist, pharmacist, respiratory therapist, rec therapist, social worker, placement services, or other professional(s).

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If your client is <u>not</u> connected to Home Living and does <u>not</u> have a HLCM, call Central Intake at 780-496-1300.

- Before calling Central Intake, ensure you have completed a client consent form.
- Ideally, your client should be with you when you contact Central Intake.
- Once connected to an intake worker, the telephone intake process will take approximately one hour.
- Have the following client information ready when you call:
  - Name
  - Gender
  - Date of Birth
  - Alberta Health Care card number
  - What language the client speaks and if interpreting services will be required
  - Reason(s) for referral
  - Current living arrangements (e.g. with spouse/partner, with child, with relatives, etc.)
  - If there are any issues that might impact the safety of the HLCM (e.g. suspected elder abuse, extreme hoarding, person in the home who smokes, large animals in home, etc.).

If your client is <u>already receiving Home Living services</u> (or you think s/he might be) and has a HLCM, you can contact the HLCM directly.

- Ask your client for the name and contact information for his or her HLCM. Every Home Living client receives a sheet of *Important Phone Numbers for Home Living Services* from the HLCM.
- If your client is unable to provide this information, or if your client doesn't know if s/he has a HLCM, call the Home Living office below that aligns with your client's postal code.
- Before calling the HLCM, make sure you have completed a client consent form.

Home Living Network	Phone	Postal Code Area Served
Leduc/Thorsby/Devon 4219 50 St, Leduc	780-980-4655	T4X-T9E-T0C
Morinville/Ft Sask	M: 780-342-2600 FS: 780-342-2333	T8L T8R-T0A-T0G-T8L
Northeast 10611 Kingsway Ave.	780-342-4400	T5A -T5B -T5C -T5E-T5G -T5H -T5J-T5K -T5L-T5M -T5N -T5W -T5X -T5Y-T5Z -T6S
Southeast 1090 Youville Drive	780-735-9559	T6A -T6B -T6C -T6E -T6G -T6J -T6K-T6L -T6N -T6P -T6T -T6W -T6X
North 191 Boudreau Rd, St. Albert	780-418-8400	T5E –T5L –T5X –T6V –T8N
Strathcona Bower Dr, Sherwood Park	780-342-4500	T8A –T8B –T8C –T8E –T8G –T8H –T8L
Southwest, 16930-87 Ave	780-735-2442	T5N -T5P -T5R -T5S -T5T -T5V T6E -T6G -T6H -T6M -T6N -T6R -T6W
Westview/Evansburg 4405 South Park Dr, Stony Plain	780-968-3737	T7X-T7Y-T7Z-T9G-T0E

Quick Reference: **Seniors Outreach/Support Workers (SOSW)**

What is a Seniors Outreach/Support Worker?

Seniors Outreach/Support Workers are employed by non-profit, community based agencies that serve older adults. Many SOSW are social workers or related professionals. SOSW provide one-time and ongoing services to seniors and their families in their own homes, seniors centres or elsewhere in the community.

Who do SOSWs serve?

Older adults*, living in the community, who have some or all of the following characteristics:

- Complex needs or circumstances
- Not able to address needs on own
- Unaware of what help is available
- Limited or no contact with family/friends
- Socially isolated (even if living with or supported by family)
- Needs help with transportation
- Does not have sufficient finances to meet needs

** Referral age may vary by agency.*

A SOSW <u>might</u> be able to help if your client needs support in any of these areas:

- Help finding a place to live
- Help finding house or yard care
- Help filling out forms (Financial Benefits or other)
- Help filing taxes/connecting to a tax clinic
- Help finding transportation for getting to appointments, shopping, banking
- Help getting meal services or food from the food bank
- Help connecting to social opportunities and supports
- Help with private guardianship and trusteeship processes
- Help with language/cultural barriers
- Help dealing with grief and loss, mental health problems or addictions
- Help when elder abuse is suspected
- Help addressing hoarding issues (Sage "This Full House" program)

What information will a SOSW need to know about my client?

- Name
- Gender
- Date of Birth or Age
- Phone number
- Home address
- Marital status (married, divorced, widowed, common law, single)
- What language the client speaks and if interpreting services will be required
- What services the client is receiving from Home Living, including if client is in a day program or CHOICE
- If there are any issues that might impact the safety of the SOSW (e.g. suspected elder abuse, extreme hoarding, large animals in home, someone in the home who smokes, etc.)

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How can I contact a SOSW?

Call 211 and ask for Seniors Outreach/Support Services OR call one of these offices directly:

Seniors Outreach/Support Program	Postal Code Area	Phone
All Postal Codes and/or Specialized Services		
Bent Arrow Traditional Healing Society	All	780-474-2400
Jewish Family Services	All	780-454-1194
Metis Child & Family Services Society	All	780-452-6100
Multicultural Seniors Outreach via Sage Outreach (languages/communities served: former Yugoslavian, Spanish speaking, Kurdish, Eritrean, Korean and the Africa Centre)	All	780-701-9019
Multicultural Women & Seniors Services Association	All	780-465-2992
Sage (city-wide outreach services, specializing in guardianship/trusteeship, elder abuse, hoarding)	All	780-701-9019
Strathcona Place 55+ Centre	All	780-433-5807
North Home Living Network (191 Boudreau Rd, St. Albert)		
North West Edmonton Seniors Society	T5X-T6V	780-451-1925
Northeast Home Living Network (10611 Kingsway Ave.)		
Edmonton Seniors Centre	T5B-T5G-T5H-T5J-T5K-T5W	780-342-8124
North Edmonton Seniors Association	T5A-T5C-T5Y-T5Z	780-414-8790
North West Edmonton Seniors Society	T5E-T5L	780-451-1925
Operation Friendship Seniors Society	T5B-T5G-T5H	780-429-2626
Westend Seniors Activity Centre	T5M-T5N	780-483-1209
Southeast Home Living Network (1090 Youville Drive)		
Mill Woods Seniors Association	T6K-T6L-T6N-T6T-T6X	780-508-9253
SCONA (Seniors Citizens Opportunity Neighbourhood Association)	T6C-T6E-T6G	780-433-5377
South East Edmonton Seniors Association (SEESA)	T6A-T6B-T6C-T6P	780-468-1985
Southwest Home Living Network (16930-87 Ave)		
North West Edmonton Seniors Society	T5V	780-451-1925
South East Edmonton Seniors Association (SEESA)	T6E	780-468-1985
Westend Seniors Activity Centre	T5P-T5R-T5S-T5T-T6M-T6R	780-483-1209
Strathcona Home Living (Bower Dr, Sherwood Park)		
Family and Community Services Strathcona County		780-464-8076

Client Information Sheet

Your Home Living Case Manager is working with a Seniors Outreach/Support Worker in your community to help you stay independent for as long as possible.

There is no cost to get help from a support worker. Your worker can meet with you in your home, at a seniors centre or in your neighbourhood. You decide what services you need and when you don't need help anymore.

Your Support Worker's Name is:

_____

Agency/Seniors Centre: _____

Phone number:_____ ext. _____

Call your support worker if you need:

- Help finding a place to live
- Help finding house or yard care to stay in your own home
- Help with filling out forms (Financial Benefits or other)
- Help with filing your taxes
- Help getting meal services or food from the food bank
- Help getting out of the house to meet people and have fun
- Help finding transportation (for getting to appointments, shopping, banking)
- Help dealing with grief and loss, mental health problems or addictions

Call your Home Living Case Manager for all questions or concerns about your Home Living (home care) services.

Your Home Living Case Manager's Name is:

_____

Phone number:_____ ext. _____

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Collaborative Case Management Contact Sheet

Name	Page _____ of _____
AHS Home Living Office	Seniors Agency/Organization

Date	Agency(ies) Contacted (enter # - see below)	Referral Made (✓)		Reason(s) for Referral (enter # - see below)	Case Conference (✓)		Follow-up Contact (✓)	Comments
		Yes	No		Yes	No		

Agencies	
1. Home Living (all)	9. Multicultural Women & Seniors Services Association (MWSSA)
2. Bent Arrow Traditional Healing Society	10. North Edmonton Seniors Association (NESA)
3. Edmonton Seniors Centre (ESC)	12. North West Edmonton Seniors Society (NWESS)
4. FCS Strathcona County	13. Operation Friendship Seniors Society (OFSS)
5. Jewish Family Services (JFS)	14. Sage
6. Metis Child & Family Services (MCFS)	15. SCONA
7. Mill Woods Seniors Association (MWSA)	16. South East Edmonton Seniors Association (SEESA)
8. Multicultural Seniors Outreach via Sage	17. Strathcona Place 55+ Centre
	18. Westend Seniors Activity Centre (WSAC)

Reason for Referral	
1. Health care needs	8. Food security, nutrition
2. Income supports	9. Language/cultural
3. Taxes	10. Social isolation
4. Housing	11. Elder abuse, safety
5. Transportation/mobility	12. Hoarding
6. House/yard care	13. Guardianship/trusteeship
7. Grief, mental health, addictions	14. Other

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